

GASTROENTERITIS OUTBREAK LINE LIST (STAFF)

Complete and fax daily to [Infection Prevention and Control](#)

Facility Name: _____ Unit: _____ Telephone: _____

Contact Person: _____ Telephone: _____

DEMOGRAPHICS			SIGNS & SYMPTOMS		ACUTE SUDDEN ONSET CLINICAL SYMPTOMS (✓ tick all applicable and record # episodes in 24 hr period when available)					Primary Assignment & Notes
INITIALS	POSITION (e.g., RN, RCA)	DATE OF LAST SHIFT	Onset Date	Date of last S&S	ABD Pain	Nausea	Vomit #/24hr	Loose BM #/24hr	Bloody BM #/24hr	

NOTE: Staff with gastroenteritis must remain off work until 48 hours symptom free (48 hours after last nausea/vomit/loose BM), 72 hours for food handlers.